		PART	B - FEE(\$) TRA	NȘMITTAL				/
2008 4	this form, togethe		ne Fáx	Commissioner for P.O. Box 1450 Alexandria, Virg	inia 22313-1			
NSTRUCTIONS: Criss for appropriate. All find for confidence du less corrected insintenance all notification	rm should be used for respondence including below or directed other is.	transmitting the ISSI the Patent, advance o wise in Block 1, by (UE FEE and PUBLIC rders and notification a) specifying a new of	ATION FEE (if requ of maintenance fees correspondence address	uired). Blocks I will be mailed ; and/or (b) inc	through 5 sh to the current licating a sepa	correspondence address rate "FEE ADDRESS"	for
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		•	December 16, 2006			(De	ue)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	ATTORNEY D	OCKET NO.	CONFIRMATION NO.	
10/813,195	03/30/2004		Bernd Luhmann		TE\$A 163		5145	_
TITLE OF INVENTION: R	EUSABLE ELASTIC A	DHESIVE SHEET RI	EDETACHABLE WIT	THOUT RESIDUE OR 12/12. 01 FC		N1 0000002 1400.00 DA		95
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nonprovisional	NO	\$1400	\$300	\$0 \$0	10001	\$1700	12/12/2006	_
. EXAMINI	SR	ART UNIT	CLASS-SUBCLASS	; <u> </u>				
AHMAD, NASSER 1772			428-040100	J				
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth ir (A) NAME OF ASSIGN tesa Aktien	an assignee is identifie a 37 CFR 3.11. Complet	data will appear on to T a substitute for filing	he patent. If an assign g an assignment. JITY and STATE OR (below, the do	cument has been filed	f or	
Please check the appropriate	: assignee estegory or ca	tegories (will not be pa	rinted on the patent):	☐ Individual XX Co	orporation or otl	ner private grou	apentity 🗖 Governme	:ni
4a. The following fee(s) are Solution Fee Description Fee (No. 8) Advance Order - # of	mall entity discount pen	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit say overpayment, to Deposit Account Number 14-1263 (enclose an extra copy of this form).						
5. Change in Entity Status a. Applicant claims S.			Dh. Amalianat is as	. Ionaan alaimin – FMA	I DATELLY -1-	F 23 CE	n 1 22(-)(2)	_
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Authorized Signature	Putter H	Ces. Pt.	33, 14 (Date	12/12/06	1		
Typed or printed name	William .			iscoeRegistration N		,552 / 3		
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